

MEETING MINUTES

HIT GRANT MEETINGS

DATE: FEBRUARY 5, 2014
TIME: 09:00-10:00
LOCATION: CONFERENCE CALL
PHONE: 1-877-455-0244 (PASSCODE: 2072786573#)
CHAIRS: DAWN R. GALLAGHER AND LORIE SMITH
ATTENDEES: ANN TUCKER, SUE DALTON, CLAUDETTE HUMPHREY, CHARLENE O'CLAIR, DEAN BAILEY, JIM ROGERS, HEATHER PELLETIER, JANE DUBOIS, JUDITH FEINSTEIN, JULIE PORTER, KIM GONZALES, MICHAEL PAYNE, MISSY BOUTOT, NICOLE O'BRIEN, SHARON SWANSON, TESS SCANNELL, TERRENCE MCCARTHY, JAMES BOUCHARD, MARTHA VRANA-BOSSART, LAURIE CHARBONNEAU.

MEETING OBJECTIVES AND AGENDA:

1. ATTENDANCE
2. MINUTES' REVIEW / ACTION ITEMS
3. NEW OPPORTUNITIES
4. HCF PROGRAM
5. NEXT STEPS
6. RESOURCE
7. NEXT MEETING DATE

RISKS / MITIGATION STRATEGIES

Overall Meeting Objectives: Focus on grant adventures. To advance the HIT Grant proposals, engage rural Healthcare Provider (HCP) sites and to initiate, plan, manage and close grant initiated projects.

The purpose is to establish a Grant/Project Consortium in Maine with active members that share rural connectivity opportunities, challenges, interests, knowledge, status, updates, and next steps by raising awareness, issues/risks and developing mitigation strategies to move initiatives forward to improve healthcare outcomes.

Meetings are to be held on a regular, bi-weekly basis via conference call. Face-to-face meeting forums will be held adhoc.

TOPICS OF DISCUSSION

Lorie opened the meeting at 9:05 and welcomed everyone. Lorie shared that this meeting's focus is a Status Update on the HCF Project/Program and Dawn would be sharing on few new opportunities.

A. Attendance - was taken and everyone welcomed.

B. January 22, 2014 minutes – were reviewed and an update on action items was provided by Lorie.

1. ¹**Action item:** Lorie to follow up with Dawn and get back to Kim on NETRC offer of posting survey in monthly newsletter. A meeting was held and the survey outreach will continue in the NETRC Newsletter, most probably in 2014 February's issue or soon after.
2. ²**Action Item:** Lorie to distribute the new, Legal and Financial Agreement to each HCP that provides the LOA and TPA, once it is signed by Dawn and replace the one on the website. This was completed and all HCPs have returned the signed Legal and Financial agreement.
3. ³**Action item:** Lorie will provide an Excel Spread that has the required information for F460 fields to each HCP site that provides Consortium Membership Forms. Note: This change in process and clarifying point will be documented and captured in the Communication Plan. This was completed and all HCPs have returned the F460 Data Field Requirement document.

Additional discussion and information was provided about F460 filing process changes i.e. the HICKRC will now file the F460 at USAC for each HCP site. This was noted in the updated HICKRC Communication Plan and updated on the www.maine.gov/hit website.

C. New Opportunities – Dawn discussed the follow new opportunities from the Health Information Technology perspective and from a MaineCare and Medicare advantage:

- i. **Long Term Care** – the Longitudinal Coordinator of Care (LCC) Pilots opportunity handout was shared and Dawn spoke to how this opportunity will foster technology systems in a pilot approach to enhance and improve i.e. 1) Medication reconciliation during Transition of Care (ToC) and Exchange of Summary of Care Record through the health information exchange of patient information.
- ii. **Behavioral Health / Mental Health** – USDA (handout provided) announced support for Mental Health Facilities in rural areas where the USDA set a goal of \$50 million investment funds to improve access and treatment for mental health illnesses. The funding would be used for construction, expansion, or equipping rural mental health facilities and will be provided through the Community Facilities direct loan program.
- iii. **FCC Universal Service Funds (USF)** - Dawn also shared with the group that on Monday (2/3/2014) the Federal Communication Commission (FCC) released an order expanding the use of Universal Service Funds (USF) to include funding investments in broadband services that would, ultimately enhance rural healthcare, Telehealth and Post-Acute care. Historically, Universal Services Funds were originally developed (in the 1930's) and collected fees on all personal ,telephone landline bills as an incentive for telephone carriers to provide phone lines in all rural areas where populations were sparse. Ultimately, this was done to afford all rural homes with telephones. Our existing phone bills continue to have USF monthly surcharge fees applied. FCC plans to expand the distribution of the USFs to provision broadband services to rural areas.

Additionally, Dawn shared that she has attended Senator King's meetings recently to discuss further grant opportunities for Maine and MaineCare. Particularly a ruling is being investigated to expand on Telehealth Services currently provided in Maine.

D. HCF Program

Lorie provided a brief overview of the HCF Program for new attendees joining the bi-weekly meetings and proceeded with a HCF Project Update. Additional information about HCF information shared may be found on the www.maine.gov/hit website.

a. **HCF Project Status Update:**

i. The **Phase I-IV Major Key Milestone Completion Dates** timeline, meeting attachment was provided and reviewed. Particular attention was paid to a date change in the filing of the RFP and F461. The date was original set for March 31, 2014, but was changed to March 20, 2013 due to USAC Filing Window Dates for all of their F460, F461, F462 and F463 forms. All USAC forms must be sequentially filed and F462 must be filed no later than May 30, 2014. This ultimately means F460 and F461 with the HICKRC RFP and all activities surrounding these forms needs to be completed in a timely manner to be able to file F462 by May 30, 2014. One activity discussed in depth was the telecommunication carrier vendor selection process. This process is defined by USAC and the FCC Order guidelines, which includes weighted, evaluation criteria of which 'costs' of vendor contracts holds the highest weight. This will be included in the HICKRC RFP.

ii. **Risks/Issues:** Some impacts and dependencies we are aware of today include: timely posting of our F461/RFP by USAC. One mitigation strategy to ensure this occurs in a timely manner is to have USAC preview sections and/or the entire RFP before it is submitted with our F461. Another mitigation strategy will be to ensure the HICKRC RFP submitted to USAC, to post for telecommunication carriers to view on the USAC website includes a clause that the vendors must be prepaid to present contracts when they place a bid on the RFP i.e. by the end of the 28 day waiting period, estimated at April 25, 2014. April 25, 2014 is dependent on USAC's review process and posting of the HICKRC RFP. The turn-around time for Vendor RFP reviews for the weighted evaluation criteria and the Vendor RFP selection process for telecommunication carriers will require each HCP site to provide representation during the evaluation process. This is also an FCC requirement. We estimate these steps will occur between April 25 and May 14, 2014. All of these vendor selection activities, during these timeframes are to ensure our goal of obtaining Funding Commitment Letters (FCL) from USAC near the end of June 2014, which will position the HICKRC to begin submitting F463 Invoicing and Disbursement on broadband services provided by the winning telecommunication carrier(s) in the following months. The first Healthcare Connect Fund fiscal year we are reaching to obtain runs from July 1, 2014 – June 30, 2015. If any of these dates are held up, we could miss this FY entirely or end up with a prorated year of funding.

b. **Survey, Awareness and Outreach Efforts**

i. **HCF Outreach:** The initial, outreach efforts have come to a close and everyone that participated was thanked for their efforts i.e. HICKRC Ambassadors and HIT Squad members for their hard work on getting the word out about the HCF Program. Lorie explained that the HICKRC wants to continue to grow the HICKRC, but to file F461 all HCPs that have submitted the necessary forms and F460 information will become the first-cut of listed consortium members submitted on the HICKRC RFP when filing F461.

c. **Consortium Membership Update**

i. **HCP sites that have joined HICKRC:** Lorie shared that to date the following types HCPs have joined the HICKRC, with a few HCP sites' forms being sent in late last night and are still in the process of being verified. This representation reflects a presence in 11:16 Maine Counties. The five, Maine Counties that are not represented in the HICKRC yet: Hancock, Knox, Lincoln, Piscataquis and Sagadahoc. The type of HCP and rurality according to USAC rural indicator at this USAC website: <http://www.usac.org/rhc/telecommunications/tools/Rural/search/search.asp?ErrorMessage=You+must+select+a+state%2E%3Cbr%3E> are listed next.

23	Community Health Centers or Health Centers providing services to migrants
7	Community Mental Health Centers
5	Federally Qualified Health Centers
5	Rural Health Centers
5	Local health agency or department
1	Off-site Administrative Office
1	Off-site Data Center
1	Registered as an ineligible site
48	Total to date
	Rurality: 21 Urban HCPs / 27 Rural HCPs

Martha Vrana-Bossart inquired if a list of the HCP site names would become publically available. ¹Action: Lorie will investigate, a confidentiality clause in the FCC Order and took this request for a public list of the HCP sites away as an item to follow up on. No HCPs voiced concern about this information becoming public information.

d. USAC Eligibility and Registration Form 460

- i. **LOA/TPA/Legal and Financial** - mandatory USAC defined predecessor steps (forms) for the HICKRC to work on behalf of the interested HCP sites. Lorie explained for those attending the first time what each of these items were and why they are necessary to be in place. Martha inquired if an HCF Program Acronym List was available. It currently is not. It was decided that this is an excellent idea and would be helpful for new members or HCPs with interest. ²Action: Lorie will follow up on this request and place an HCF Program Acronym List on the www.maine.gov/hit website ASAP.
- ii. **F460 Data Field Requirements:** The form was developed to gather information so the consortium could file Form 460 on behalf of each HCP site. In column AB; the HICKRC FCC RN number was represented originally, but due to USAC Requirements, the Lead Entity over the HICKRC must also file and obtain an FCC RN. The impact to the HICKRC is that Maine, Department of Health and Human Services, Offices of MaineCare needed to obtain an FCC RN to file the Consortium F460. This task was completed this week and the FCC RN number was corrected on this form in column AB. All HCPs will receive their HCPs site(s) F460 Data Field Requirements with the new, FCC RN number by end of day today. ³Action: Lorie to follow up with each HCP and provide them with their updated F460 Data Field Requirements Form, with the new FCC RN by end of day today. ⁴Note/Action: All USAC Forms and documents must be kept by the consortium and each HCP for a minimum of five years, for the potential of USAC auditing purposes.

E. Next Steps: RFP/RFS development, for the filing of F461.

F. HCF Resource: Lorie.Smith@maine.gov phone: 207-762-1316

Closing Comments

There were several comments of thanks about the HICKRC work that has been completed in a relatively short period of time to develop the HCF Program under the Lead Entity: Maine, Department of Health and Human Services and the HICKRC umbrella, with Dawn R. Gallagher as the Consortium Leader.

The HICKRC is currently considered a medium sized representation according to USAC RFP filing standards i.e. 1-25 consortium members represent a small RFP filing, 26-100 members represents a medium RFP filing and 100+ members represents a large RFP filing request by USAC.

G. Next HIT Grant meeting date: February 19, 2014 at 9:00 a.m. conference call.

Meeting Adjourned at 9:59 a.m.

NEXT ACTION STEPS - BY WHOM

¹**Action:** Lorie will investigate, the confidentiality clause in the FCC Order and took this request for a public list of the HCP sites away as an item to follow up on.

²**Action:** Lorie will follow up on this request and place an HCF Program Acronym List on the www.maine.gov/hit website.

³**Action:** Lorie to follow up with each HCP and provide an updated F460 Data Field Requirements Form with new, FCC RN by end of day today.

Note/⁴Action: All USAC Forms and documents must be kept by the consortium and each HCP for a minimum of five years, for the potential of USAC auditing purposes.

RISK MANAGEMENT

- Risk Factors: noted and captured in section D. a. ii.
- Mitigation Strategies: noted and captured in Section D. a. ii.